

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	5-17-01
FORMALITY REVIEW	mk	569	5/25/01
RESPONSE FORMALITY REVIEW	gum	651	7/13/01

INDEX OF CLAIMS

x ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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C-C-  
5-17-01